Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN1884AGZ	A. BUILDING _____ B. WING _____	02/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURT AT RENO	3105 PLUMAS ST RENO, NV 89509

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28725 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 2/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 56 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 55. Fifteen resident files were reviewed and 12 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working	Y 250		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 250	Continued From page 1 condition. This Regulation is not met as evidenced by: Surveyor: 28725 Based on observation and interview on 2/16/10, the facility failed to ensure it's equipment and utensils were clean and in good working condition. Findings include: In the main kitchen the food brushes were dirty with food build-up. The bristles were deteriorated and need to be replaced. The can opener was contaminated with food debris and needs to be cleaned after each use to prevent cross-contamination. The floor underneath the food prep table and cooking equipment (stove, oven) was dirty with food particles and needs to be cleaned thoroughly. Severity: 2 Scope: 3	Y 250		
Y1035 SS=D	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially	Y1035		

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Y1035	Continued From page 2 employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer zs disease, and providing support for the members of the resident zs family. This Regulation is not met as evidenced by: Surveyor: 28725 Based on record review and interview on 2/16/10, the facility failed to ensure 1 of 12 employees (Employee #2) who have contact with residents with any form of dementia complete at least 2 hours of dementia training within the first 40 hours of employment. Severity: 2 Scope: 1	Y1035		